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In re Patent Application of

Atty Dkt. 723-1443

C# M#

LINK

TC/A.U.

3713

Serial No. 10/690,818

Examiner: ONEILL, MICHAEL W.

Filed: October 23, 2003

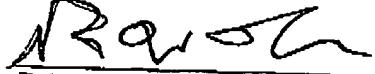
Date: October 17, 2005

Title: HAND-HELD VIDEO GAME PLATFORM EMULATION

Certificate of Facsimile Transmission

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent & Trademark Office on 17 October 2005, to 571-273-8300.

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

→ 
Robert W. Faris
Reg. No. 31,352

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. 37

Correspondence Address Indication Form Attached.

Fees are attached as calculated below:

Total effective claims after amendment previously paid for	20	(at least 20) =	0	minus highest number	\$0.00 (1202)/\$0.00 (2202) \$
Independent claims after amendment previously paid for	3	(at least 3) =	0	minus highest number	\$0.00 (1201)/\$0.00 (2201) \$
If proper multiple dependent claims now added for first time, (ignore improper); add					
\$360.00 (1051)/\$180.00 (2051) \$					
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)					
One Month Extension \$120.00 (1251)/\$60.00 (2251)					
Two Month Extensions \$450.00 (1252)/\$225.00 (2252)					
Three Month Extensions \$1020.00 (1253)/\$510.00 (2253)					
Four Month Extensions \$1590.00 (1254)/\$795.00 (2254) \$ 1590					
Terminal disclaimer enclosed, add \$130.00 (1814) / \$65.00 (2814) \$					
<input type="checkbox"/> Applicant claims "small entity" status. <input type="checkbox"/> Statement filed herewith					

Rule 56 Information Disclosure Statement Filing Fee

\$180.00 (1806) \$

Assignment Recording Fee

\$40.00 (8021) \$

Other:

CHARGE TO DEFERIT TOTAL FEE ~~1590~~ \$ 1590

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
RWF:ej

NIXON & VANDERHYE P.C.

By Atty: Robert W. Faris, Reg. No. 31,352

Signature: 

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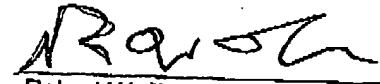
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Total effective claims after amendment previously paid for	20	(at least 20) =	0 minus highest number 0 x \$50.00	\$0.00 (1202)/\$0.00 (2202) \$
Independent claims after amendment previously paid for	3	(at least 3) =	0 minus highest number 0 x \$200.00	\$0.00 (1201)/\$0.00 (2201) \$
If proper multiple dependent claims now added for first time, (ignore improper); add				
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One Month Extension \$120.00 (1251)/\$60.00 (2251)				
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Four Month Extensions \$1580.00 (1254)/\$795.00 (2254) \$				1590
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By Atty: Robert W. Faris, Reg. No. 31,352

Signature: 